							ns and *Privacy n Reverse Side				Page of Pages				
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*				DEPARTMENT				
	d Row	vlett		1 05 "-	Na		DIVIDION	DUDCALL					INDEX :::	MDCD	
POSITION CB/ID No.  Board Member								DIVISION or BUREAU					INDEX NUMBER		
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS				TELEPH			ONE NUMBER	
CITY STATE ZIP CODE								Same as Residence				STATE ZIP CODE			
) MONTH/YEAR 08		(3)	(4)	(5) MEALS		,	(6)	(7)		TRANSPORTAT	ON		(8)	(9)	
07/		WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE  MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
ug	<b>TIME</b> 27													37.39	
.ug	1860 27		:							21.00	29	16.39		<del>-21.00</del> -	
ug	21	San Diego, CA				:		53.00	Т				: .	53.00	
ug	27-28 2100	10325 Saddle Creek Dr, Sac CA 95827 to Sacramento	:		:						29 58	16.39	b	16.39	
		Airport (Roundtrip)	:		:							i I		0.00	
				:	: :		:	:		111				0.00	
			:							1		- 111 AM 1111 PRO		0.00	
								3		1		111		0.00	
			:							1				0.00	
			:		:					! !		!		0.00	
			:	r	:		:							0.00	
-			:	: :	! : :	:								0.00	
														0.00	
D)			:											0.00	
		SUBTOTALS	0.00	0.00	0.00	0.00	0,00	53.00		21.00	58	32.77	0.00	-106.77	
COL		CODE (ACCTG. USE ONLY)  CLAIM TOTAL		bjersseles	SE SECTION								250 St. 40 2615 St. 5	106.79	
		OF TRIP, REMARKS AND DETAILS (Atta OC Board Meeting August 2	•			o CA						ORMAL WOF		E NUMBER	
					_						(14) M	IILEAGE RAT	E CLAIMED		
			and the second second								AC		E ONLY	<b>OFFICE</b> ECK NUMBER	
5)				vel expensinge rates ex	es incurred by sceed the min	y me in acco	ordance with E certify that the SAM Sections	OPA rules in the cost of ope 0750, 0751.	he service erating the 0752, 07	e of the State e vehicle was 53 and 0754			3,13 0111		
AIMA				DATE	2/3/13							D/	ATE 10	.13	
A.															